



# WINTER YOUTH SAILING CAMP

DECEMBER 19TH - JANUARY 6TH

LA County Lifeguards will be instructing  
5-day courses on **Beginning Sailing**.



December 19th - January 6th  
10:00 am - 4:00 pm



\$250.00 per session\*

**\*Financial aid available to qualifying families.**



**BURTON CHACE PARK**

13640 Mindanao Way

Marina del Rey, CA 90292



Ages: 11-17 years old

CONTACT US:  
(310) 305-9587  
[marinadelrey.lacounty.gov](http://marinadelrey.lacounty.gov)

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LACDBH



## **W.A.T.E.R. Youth Program**

# **2016 WINTER BEGINNING SAILING**

Los Angeles County Lifeguards will be instructing a 5-day beginning sailing class. All sessions will be held in Marina del Rey at 13640 Mindanao Way. The beginning sailing curriculum will include knot tying, basic sailing knowledge and terms, boat maintenance and rigging, tacking, docking and ocean sailing. Students will be learning to sail on 14-foot Capri sailboats (with main sail & jib); in the final days of the session (depending on the advancement of the class) the students get experience on 24-foot MacGregor. Students should wear their swimsuit under comfortable clothes and tennis shoes to class. Bring a towel, warmer clothing, and a snack or lunch. In the event of inclement weather or unsafe water conditions, camp cancellation may occur. Notification will be made as soon as possible, prorated refund by day will be issued.

### **ELIGIBILITY/ENROLLMENT**

Sailing is open to boys and girls, ages 11-17, who successfully **complete a 100-yard swim test in 2:20** minutes or less. Returning participants from the 2015/16 programs including 2016 Jr. Lifeguards are exempt from the swim test. Enrollment is on a first-come, first-serve basis. Classes are limited to 12 students with a minimum of six. If the minimum of six is not met, the class may be canceled. A waiting list will be formed after the class is filled.

**\*NOTE: There must be a minimum of 6 students enrolled.**

### **SESSION DATES & TIMES**

Summer sailing classes will be held Monday - Friday, **from 10:00am to 4:00pm** during the following weeks:

- December 19<sup>th</sup> – 23<sup>rd</sup>
- December 26<sup>th</sup> – 30<sup>th</sup>
- January 2<sup>nd</sup> – 6<sup>th</sup>

### **MEETING LOCATION**

All beginning sailing classes will meet at our Marina del Rey Boathouse location:

**13640 Mindanao Way at Chace Park in Marina del Rey.**

**Enter meter parking lot, class will meet at containers to the left as you enter.**

From Lincoln Blvd., turn west on Mindanao Way, continue to end of street veer to the left and park in metered parking lot. Class will be held at containers to the left as you enter parking lot. Participants should be dropped off (10:00am) and picked up (4:00pm).

### **SWIM TEST**

**Applicant must successfully complete 100yds in 2:20 or less to be eligible for beginning sailing. Returning 2015/16 participants from sailing and 2016 Jr. Lifeguards are exempt from the swim test.**

New applicants may take the 100yd swim test at a pool near their home using our swim test verification form (attached). Test must be given by a certified lifeguard or a registered swim coach to be valid. Submit the swim test verification form, with a beginning sailing application. **Both papers must be submitted together in order to be enrolled in the class.**

## **2016 Winter Beginning Sailing Camp - General Information (continued)**

### **COST**

**\$250 per participant for the 5-day session.** This will include instruction, use of all equipment, and a program T-shirt. FINANCIAL AID assistance, based on family income, is available to qualified participants. Please call for more information (310) 305-9553. No deposits may be accepted. Make check payable to **Los Angeles County Department of Beaches and Harbors** for the full amount, and send to:

**W.A.T.E.R. Youth Program  
13483 Fiji Way, Trailer #4  
Marina del Rey, CA 90295**

### **REGISTRATION/CONFIRMATION**

**DO NOT mail in applications before passing SWIM TEST.**

Participants' enrollment will be confirmed by email once participants' application and fee have been received and processed at the W.A.T.E.R. Program office.

### **REFUNDS**

A refund of registration fees is available only under certain conditions. In the event Winter Beginning Sailing Camp must be cancelled due to an unpredictable occurrence, unsafe weather or surf conditions, a pro-rated refund may be issued dependent on the number of days completed. In the event a participant is unable to attend the program, email [laurie.cordobes@fire.lacounty.gov](mailto:laurie.cordobes@fire.lacounty.gov) or fax 310-577-8666, a brief written request for the refund and the reason for not attending. Please include your child's name and session enrolled in on your request. Please be patient; refund process takes 6 - 8 weeks for the check to be sent in the mail.

### **CONTACT**

You may contact the W.A.T.E.R. Youth Program office at (310) 305-9587.

**SESSION DATE:** \_\_\_\_\_ **CIRCLE ACTIVITY:** **BEG. SAILING**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER:** **MALE** **FEMALE**

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBERS:**

**HOME:** (\_\_\_\_) \_\_\_\_\_

**MOTHER'S CELL:** (\_\_\_\_) \_\_\_\_\_ **MOTHER'S WORK:** (\_\_\_\_) \_\_\_\_\_

**FATHER'S CELL:** (\_\_\_\_) \_\_\_\_\_ **FATHER'S WORK:** (\_\_\_\_) \_\_\_\_\_

**PARENT'S E-MAIL ADDRESS**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

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Print Name of Participant

Print Name of Parent

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Amount Due\$	Date Paid	Check #	Check Name
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## AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT OF A MINOR

I (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize all representatives of the Los Angeles County Department of Beaches and Harbors as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and rendered under the general or special provision of any physician and surgeon licensed under the provisions of the Medical Practice Act or the medical staff of any accredited hospital, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

It is understood that effort shall be made to contact the undersigned prior to the rendering of treatment to the patient but that none for the above treatment shall be withheld if the undersigned cannot be reached.

This authorization shall remain effective through January 8, 2017 unless sooner revoked in writing and delivered to said agent(s).

**Date:** \_\_\_\_\_ **Home Phone#** \_\_\_\_\_

**Signature of Mother:** \_\_\_\_\_ **Cell/Wk Phone #** \_\_\_\_\_

**Signature of Father:** \_\_\_\_\_ **Cell/Wk Phone #** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_ **Cell/Wk Phone #** \_\_\_\_\_

In compliance with Consent Manual, California Hospital Association.

**Doctor's Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Medical Information:** (include known allergic reactions, specific medications, medical problems, etc.)

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**OPTIONAL:** Please CHECK which best identifies the participant.

\_\_\_\_\_ AMERICAN INDIAN/or NATIVE AMERICAN

\_\_\_\_\_ ASIAN-PACIFIC ISLANDER  
(Chinese, Japanese, Korean, Southeast, and persons having origins on the Indian subcontinent)

\_\_\_\_\_ BLACK/or AFRICAN-AMERICAN

\_\_\_\_\_ HISPANIC  
(Mexican-American, South American, Cuban, Puerto Rican)

\_\_\_\_\_ FILIPINO

\_\_\_\_\_ WHITE/or CAUCASIAN

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**Giving permission to use participant's photos in our Brochure and website for Los Angeles County W.A.T.E.R. Youth Program**

IN CONSIDERATION FOR VALUE RECEIVED, I hereby give County of Los Angeles Department of Beaches and Harbors or its assigns the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of me or in which I may be included in whole or in part, or composite or reproductions thereof in color or otherwise, made through any media at our studio or elsewhere, for art, advertising, publicity, promotions, or any other lawful purpose whatsoever.

I hereby waive any rights that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to save County of Los Angeles Department of Beaches and Harbors from any liability by virtue of alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures, or in any process tending toward the completion of the finished product.

Dated this day: \_\_\_\_\_ Location: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

IF THE ABOVE MODEL IS A MINOR THE FOLLOWING MUST BE COMPLETED

Parent, Guardian or Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_





**COUNTY OF LOS ANGELES**  
**DEPARTMENT OF BEACHES AND HARBORS**  
**W.A.T.E.R. YOUTH PROGRAM**



All W.A.T.E.R. Youth Program Applicants are required to pass a timed, 100 yd. swim test in order to participate in Sailing Camp. All tests must be administered by an American Red Cross certified lifeguard or a registered USA/YMCA swim coach. The test time is as follows: Sailing Camp - 100 yards under 2:20. Proof of passing the test is required to process the applications for Youth Program activities. Please include this form with the submittal of your application. Thank you and good luck!

Date\_\_\_\_\_

Child's Name\_\_\_\_\_

100 yd. Swim Time \_\_\_\_\_

Examiner's Name\_\_\_\_\_

Examiner's Title \_\_\_\_\_

Organization of Certification (i.e. Red Cross) \_\_\_\_\_

Certification Number \_\_\_\_\_

Examination Location\_\_\_\_\_

Examiner's Signature\_\_\_\_\_

Phone number where Examiner can be reached\_\_\_\_\_